

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVII.

THURSDAY, DECEMBER 4, 1862.

No. 18.

ENORMOUS HYPERTROPHY OF THE OS AND CERVIX UTERI,
FORMING AN EXTERNAL TUMOR, AND ENTIRELY RE-
LIEVED BY EXCISION.

BY HENRY A. MARTIN, M.D., SURGEON U. S. VOLUNTEERS.

[Communicated by Dr. J. MASON WARREN to the Boston Society for Medical Improvement and to the Suffolk District Medical Society.]

MRS. M., negress, aged 55, formerly a slave in Alabama. She gave birth to her first child twenty-seven years since; labor was not unusually severe, and nothing unusual followed it. Her second labor took place twenty-four years since, and was natural, but two months afterwards she noticed a tumor protruding from the vulva. Seven years after this, she miscarried in the fifth month. The next year she became again pregnant, went to her full time, and after an extremely tedious and exhausting accouchement of six days was delivered, without instrumental aid, of a living male child. During the entire term of pregnancy and parturition, the tumor, now of greatly increased size, continued to be external. The patient assures me that the child passed through this external tumor in the act of delivery. She again became pregnant in three years, but miscarried in the fifth month, and within the following year was again twice pregnant and each time miscarried in the third month.

Mrs. M. first became my patient about twelve years since. I found her suffering from extreme pain in the inguinal and lumbar regions, but not confined to these, with tenderness of the entire abdominal surface—symptoms, in fact, of severe dysmenorrhœa. She had suffered from such attacks, generally at the menstrual period, for many years, and their severity had been greater at each successive attack.

On examination of the tumor, which protruded from the vulva, I found it of the form and of about three fourths of the size of the plaster cast which accompanies this narrative. In this necessarily very

* The specimen, with the cast, has been presented by Dr. Martin to the Warren Museum.

hastily written paper, I cannot give anything like a history of the case for the twelve years it has been in my care, nor would it be of much interest to know of the many contrivances which I made, with a view to promote the patient's comparative comfort; for the adaptation of neither of them was followed by more than very partial success. Among other devices I made a gigantic pessary, in the manner of Simpson and Valleix, with an intra-uterine stem nearly as large as the fore-finger, rising from a shield three inches in diameter. This was connected with a steel wire of proper curve and elasticity, and attached to an abdominal belt. From this contrivance I expected great things, and attained greater than, I think, has, in the hands of anybody but Simpson, been found to result from the employment of the "great original" from which it was drawn. I think that such an instrument might be of some use for a patient not obliged to make any considerable exertion; but cases of "*Procidentia*" in its various forms are found generally among those who drag out a weary existence at the hard price of constant toil. In the case of Mrs. M., the pressure made by the tumor itself and by the action of the abdominal muscles on the uterine mass during her daily labor, was found too great for any amount of mechanical support which could be thus supplied, and the machine was abandoned, as were all others, except a bag of strong but soft linen made to fit the tumor loosely and attached to a perineal bandage and an abdominal belt. This she continued to wear till the removal of the tumor. Mrs. M. continued to suffer from the attacks referred to, and to such an extent that, for perhaps the third part of each year, she was confined to her bed, helpless and suffering extremely. Rest, in the recumbent position, the free use of opiates, and fomentations to the abdominal surface, constituted the chief treatment. At ordinary times the tumor was painless, even on pressure, but at the period of the attacks became very sensitive, and particularly at the portions of its surface which were ulcerated. It was my practice to cover the entire protrusion with woven lint spread with simple cerate or ointment. Beyond these merely palliative measures, I thought much as to how I might afford some more enduring relief to the patient, for she was poor and grateful for every kindness; she was one of those of whom Boerhaave (who did not always practise as he preached) said, "The poor are our best patients, for God is their paymaster." Certainly the gratitude and attachment of this poor woman has been the very best and richest professional fee I have ever received. I touched the ulcers with the nitrate of silver often enough to ascertain that such treatment would be inefficacious in this instance. During the first years of my attendance, it was possible to return the tumor within the vagina, so that its distal extremity lay just within the vulva. I found, however, that when retained in this position for a few hours, abdominal uneasiness commenced and increased, threatening one of the attacks from which so much suffering was experi-

enced. I abandoned, therefore, any attempt to diminish the vulvar aperture by an operation for this reason, and because, also, I felt assured that the septum produced by the union of the vaginal surfaces would not resist the constant pressure of so large a mass. I then took into consideration plans for the removal of a considerable portion of the diseased mass, and concluded that, when menstruation should have ceased, I would do so by amputation or resection. The patient was about 46 years of age, and menstruated regularly, but it was to be supposed that she would not much longer. I told her that, when menstruation should have ceased, I would operate, and she consented; but month after month and year after year passed on, and regular menstruation continued.

In the spring of 1861, offers having been made to me of a desirable position in the army, I contemplated leaving Roxbury, and Mrs. M. begging me to do anything before my departure which might afford her permanent relief in my absence, I proposed and performed the amputation of the entire os and a large portion of the cervix uteri on the 29th of May.

The patient was instructed to take moderate doses of castor oil on each of the two days preceding that appointed for the operation, and on the morning of the day a light breakfast of gruel. The following measurements of the protruded mass were ascertained previous to the operation. From anterior commissure of labia to extremity of tumor, $4\frac{1}{2}$ inches. From posterior commissure to extremity of tumor, 5 inches. Diameters—transverse, $3\frac{1}{2}$ inches; vertical, $3\frac{1}{4}$ inches. A catheter introduced into the *os* could be passed up three inches without meeting any obstruction; at that point the canal narrowed, but, by slight manipulation, the instrument passed five and one quarter inches further, till its extremity was stopped by the *fundus* of the organ. At and about the *os* were five ulcers, from the size of that obsolete coin the quarter dollar, to about half that size. Transversely on posterior aspect, $2\frac{1}{2}$ inches from its extremity, and corresponding to the point where, when the patient was seated, the tumor was bent upon itself, was a narrow ulceration two inches in length. It was decided to amputate at a point one fourth of an inch above the upper edge of this ulcer, or two and three quarter inches from the end of the tumor posteriorly and two and a half inches from the end anteriorly. I apprehended that haemorrhage might be troublesome, not from the dense tissue of the cervix itself, but from the hypertrophied parts around it. I prepared, therefore, to surround the mass with the wire of a strong cerasur, divide the tissues down to the uterus with this instrument as fully as possible, and complete the operation with the knife. Previously to putting the patient into the anaesthetic condition, a cast was taken of the tumor *in situ*, which served as a mould for that which I gave you the other day, and which gives a perfect idea of its size and form just before removal. Anaesthesia was induced by my friend Dr. Nathan Hayward, then of Roxbury, but since and now, Surgeon of

the 20th Regiment Mass. Volunteers, whose aid and counsel in every step of this operation, as of many others, was of the greatest value to me. An incision to the depth of about an eighth of an inch was made around the protrusion at the point before mentioned; into this circular incision the wire of the ecraseur was placed, and its tightening was commenced and continued in the usual manner. When the integuments of the uterine mass were partially divided, the wire was cut by the imperfectly finished edge of the steel canal through which it passed. The ecraseur was consequently abandoned, and the operation completed by the knife. In dividing the tumor, I varied from the line at first intended, so as to include, in the part removed, a still larger portion of the uterine tissue. After the amputation was completed, the stump, of a form so concave as to nearly resemble a hollow cone, was retracted within the vagina, with the exception of a portion of the posterior integument (attached, in the specimen, by a thread to the larger mass), which was also removed.

The haemorrhage was not great. No vessels were tied, nor do I think that any means more than the application of ice and of the solution of perchloride of iron would have been needed, with a view to its arrest, were it not that my orders in regard to the light breakfast were disregarded, and a regal repast of "greens" substituted for the frugal one of gruel which I had directed. The consequence was that, when the effect of the chloroform had partially subsided, violent vomiting came on and continued, very seriously to the operator's discomfort in many ways, and, of course, increasing the danger of continued oozing from the wound. A considerable mass of cotton "wool," saturated in a solution of perchloride of iron, was introduced into the vagina, which was afterwards perfectly "plugged" with dry cotton; a band placed around the abdomen, to which a perineal bandage was attached, and the whole securely fastened so as to resist the violent downward abdominal pressure accompanying the vomiting. The next morning, this dressing was removed; there had been no haemorrhage, nor was there subsequently, nor was any dressing used except a piece of patent lint smeared with cerate, which was each day thrust up the vagina, so as to come into contact with the wounded surface; even this was discontinued in about ten days, long before which time the patient had been sitting up, and feeling quite well.

On the 20th day of June (twenty-one days after the operation), I went to Fortress Monroe and left my patient doing very well, "up and about" every day; the discharge from the vagina was very slight, and the portion of the wound remaining uncicatrized was not larger than a quarter of a dollar.

Three months after this time, I was summoned to Mrs. M. and found her suffering extremely. An examination revealed an entire occlusion of the uterine canal, and the cause of the suffering to be a retention of the menstrual fluid; an opening with a narrow bis-

tury was easily made, and gave issue to the immediate cause of trouble. I have twice since had occasion to repeat this operation for the same reason; the last time was about three months since, when I took occasion not only to open the canal, but also to resect a portion of its walls at the point where it was contracted. Yesterday, I examined the patient and found a sufficient opening to exist, and its appearance leads me to hope that it will not again become occluded. At the same time, I introduced a probe to the fundus, and found the length of the uterine cavity to be just $4\frac{1}{4}$ inches. I twice attempted to prevent the closure of the uterine cavity by the introduction of smooth tubes of silver and gutta percha, but in both instances such a degree of pain and sympathetic disturbance rapidly supervened that further similar attempts were not made.

In concluding this very imperfect narrative, I would state that the result of the operation has been all that could be desired. When it was first suggested to the patient, I was not aware of the labors of Huguier, whose elaborate and exhaustive work, with its numerous illustrations, I have only met with during the last year.

I diagnosed the case to be one of pure hypertrophy of the os and cervix, and nothing more, notwithstanding its great size, and had long before concluded, from a careful perusal of Lisfranc's cases, that any simple hypertrophy of the os and cervix might be safely removed for good cause. I am aware that I might extend this report almost indefinitely, with the usual historical preface and peroration; such additions might not, to a certain extent, be destitute of a good deal of interest. Extreme occupation, arising from my approaching departure for a very distant post, precludes, however, anything of the sort at present. I would, however, indicate, to those desirous of studying the subject of these operations further, that the great work is that of Huguier, of some three or four hundred pages quarto, and very numerous large plates. A copy of this book is in the Treadwell Library.

In the recently published French translation of Scanzoni's work on the diseases of the female sexual organs (Paris, Ballière & Co., 1838), is a very good article, by the translators, on amputation of the cervix; references to cases probably similar, and similar operations, are to be found in the older writers, Paré, Levret, Boyer, Dupuytren and others. Dr. A. K. Gardner, of New York, and Dr. J. M. Sims, of the same city, have amputated the hypertrophied cervix; the first in one case (which is reported in an elaborate and valuable article in the numbers of the *American Medical Times* for the 5th and 12th of July of the present year), the second in several cases, published in an illustrated pamphlet. The portion removed by Dr. Gardner weighed 3 iv., 3 ij., 9 ij. Dr. Sims's cases reported are all of slight intra-vaginal hypertrophies, similar to those so frequently, easily and successfully removed by Lisfranc and others. I did not weigh the mass removed by myself, but judging by the measurements given

above and verified by the cast, and the weight (3 v.) of the specimen shrunk to less than half of its original size after sixteen months immersion in alcohol, it must have been twice or even thrice greater than that removed by any Cis-Atlantic surgeon. Many of the tumors figured in Huguier's vast book are even larger than that which protruded in my case; but in mine the whole mass was the *hypertrophied* os and cervix and integuments, while in *his* the bladder, rectum, and other organs and parts of organs, went to swell the enormous mass; and I *think* I am right in saying that in none of Huguier's cases was so large a portion of the uterine tissue removed as in mine. I do not say this *positively*, for I do not pretend to say that I have thoroughly read the enormous work in which a very simple operation, involving but few principles, and those easily to be understood, is explained in several hundred closely-printed quarto pages. I have essayed the task several times, and failed; perhaps some more industrious and persevering student may convict me of an error.

An appearance to which I omitted to allude before, and which can be noticed now in the specimen, is the blackish hue of portions of the thickened and altered membrane investing the tumor; this, in view of the patient being a Negress, is of some physiological interest. I would also call attention to the fact that the patient (now 55 years of age) still menstruates regularly and profusely.

Roxbury, Oct. 25th, 1862.

VISIT TO MILITARY HOSPITALS IN MARYLAND.

[Communicated for the Boston Medical and Surgical Journal.]

To his Excellency JOHN A. ANDREW,
Governor of Massachusetts.

MY DEAR SIR,—In accordance with your request that I would visit the hospitals at Frederick, Md., and in the neighborhood of the battle-field of the Antietam, I left Washington on the 13th of October for that purpose.

I passed one day at Baltimore, and visited the camp of the 38th Regiment and the Stewart Mansion Hospital, of which I have already written you. I examined also, with much satisfaction, the extensive and liberal arrangements which have been made by the Soldiers' Relief Society of Baltimore for supplying the wants of regiments passing through the city on their way to the seat of war. Mr. Robinson, the Mass. State Agent, was not present when I called, but I was very kindly conducted through the rooms by Mr. E. J. Norris.

I arrived at Frederick on the 15th, and at once began my examination of the condition of the hospitals, and inquiries into the wants of the Massachusetts soldiers there. Many of the churches in Frederick have been converted into hospitals, besides which, exten-

sive additions have been made to the old barracks hospital, and two large tent hospitals have been established about a mile from the town, each capable of accommodating five hundred patients.

The whole number of sick and wounded soldiers in the hospitals at Frederick is estimated at five thousand. Many of these have been removed hither from the houses, barns, and smaller hospitals temporarily established near the battle-fields, and others are daily arriving. It was gratifying to find that notwithstanding the large number of patients so suddenly collected here, the accommodations provided for them were generally so good and their wants so well attended to. I was informed that the residents of the town had shown great interest in the sick and wounded soldiers, and I myself saw many ladies visiting the hospitals and kindly administering to their wants.

I visited fifteen hospitals in Frederick, and in all of them found men from the Massachusetts regiments. They seemed generally well cared for, and satisfied with the treatment they had received. They were much pleased with the assurance of your continued interest in their welfare, and were particularly gratified with the accounts, which had already reached them, of your efforts in Washington to obtain some change in the system of furloughs. The most frequent and anxious inquiries of the men in all the hospitals related to this subject, to which I shall recur hereafter.

Among so many hospitals, it was hardly to be expected that all should be equally well conducted, and I regret to say that in some of them I saw evidences of neglect or incompetence on the part of those in charge. These cases I brought to the notice of the Surgeon-General, who had requested me to give him the results of my observation, and of Dr. Steiner, the excellent Sanitary Inspector at Frederick. One cause of suffering was the delay in the arrival of medicines and hospital stores, owing to some obstruction of the transportation at the time of my visit. I have since received a letter from Dr. Steiner, in which he informs me that these difficulties have been removed, and also that some other evils of which I had spoken have been obviated.

I left Frederick on the afternoon of the 16th for Boonsboro', passing through Middletown. At the latter place I found three Massachusetts men, in a church which was used for a hospital. They were too severely wounded to bear removal to Frederick.

Between Middletown and Boonsboro' the road passes over the South Mountain battle-ground. The position of the rebels on the sides of this mountain was very strong, commanding the road for several miles. Our forces were aided in the attack by certain loyal residents, who, being well acquainted with the ground, led our men by circuitous routes along the base and up the sides of the mountain, thus enabling us to flank the enemy, both on his right and left. Without this aid, our loss in driving them from their position would have been very great.

At Boonsboro' I found that nearly all the wounded who were first brought there had been removed, and no Massachusetts men remained.

I left Boonsboro' on the 17th for Keedysville. This town was in charge of a company of the Massachusetts 18th, under Capt. Collingwood, who was Provost Marshal. Capt. C. accompanied me to the hospitals in the neighborhood, and afterwards to the battle-field of the Antietam. There are two hospitals near Keedysville—at Locust Springs and Smoketown. The former contained 175 patients, and the latter 533. Of these, 58 were from Massachusetts. I have already forwarded to you the list of their names.

At these hospitals the proportion of severely wounded men is greater than at other places, owing to the fact that nearly all of those able to bear transportation have been removed. The town is so near the battle-field that many of the severest cases were first treated here, and those that remain have been collected chiefly in the two hospitals which I have named. They are tent hospitals, but the wounded receive as good care perhaps as at any other place. The Smoketown hospital, under the care of Dr. Van der Kieft, was particularly well arranged. The results which I witnessed from the operations of this able surgeon, particularly the resections at the elbow- and shoulder-joints, were remarkably successful. At the Locust Springs hospital, the surgeons gave the usual unfavorable accounts of the results of secondary operations, many of the cases being such as required primary amputation. Their experience confirmed the fact of the vastly greater danger to life from secondary amputations, than from those performed immediately after the receipt of a wound requiring the operation.

From Keedysville I drove to Sharpsburg, passing over the right and centre of the Antietam battle-ground. I crossed the corn-fields rendered famous by Hooker's brilliant exploits, and examined the little church beyond, pierced through and through by shot and shell. The woods in the rear of this church bore evident marks of the fierce struggle which took place at this point.

The bodies of our dead had been collected after the battle, and buried on the field, their graves being marked, in most cases, by plain headboards, with inscriptions indicating the names and regiments of those beneath.

On my arrival at Sharpsburg, I was informed that very few except the rebel wounded were left at that place. I saw, however, several Massachusetts men in the German Reformed and Lutheran Churches, which were used for hospitals.

From Sharpsburg I returned to Washington, by way of Harper's Ferry, arriving on the evening of the 18th of October.

On my return, I continued my visits to the hospitals in Washington and the neighborhood, and communicated to Surgeon-General Hammond the results of my inspection. I have the satisfaction of believing that some of the suggestions which I made to him regard-

ing the condition of certain hospitals, have been already acted upon.

From the sketch I have above given, your Excellency will perceive that, in the necessarily short visit which I made to each hospital, with the limited time at my disposal, I was not able to see every Massachusetts soldier, or to inquire very fully into each case. To do this would have required as many weeks as I have spent days in the duties assigned me. I believe, however, that my journey has not been without some beneficial results. It was soon known among the men that I was present, at your request, to inquire into their condition and wants, and the knowledge of this fact seemed to give much satisfaction.

I was able to be of service to some by giving information to friends of their condition, by forwarding messages or funds, and in other ways. I have already suggested to you, by letter, some of the cases which seemed to require attention. I will, however, add here some more general observations in regard to the hospitals and their inmates.

First. It is clearly the intention of the government to supply all that is needed for the support and comfort of soldiers in the hospitals, and I believe the provision now made is ample, if properly administered. The experience of those who have the good fortune to be assigned as patients to those hospitals where the surgeon in charge fully understands the administrative as well as the strictly surgical part of his duties, shows that not only comfort but even a certain approach to luxury can be attained from the judicious application of the regular hospital incomes. When the surgeon in charge is incompetent as a manager, or indifferent to the comfort of those under his care, or so overworked as to be obliged to neglect some of his duties, the patients suffer. In cases also where the hospitals are far removed from the centres of supply, or are new and not yet in working order, temporary inconveniences may be felt. But I am happy to bear testimony to the readiness both of the Secretary of War and of the Surgeon-General at Washington, to listen patiently to all complaints coming from a respectable source, and to act promptly in applying the proper remedies for such abuses or deficiencies as may be clearly proved to exist.

Next in importance to the surgeon in charge of a hospital, is the steward who has control of the daily supplies. A large proportion of the complaints of suffering from want of proper food and care, may be traced to incompetence or dishonesty in the management of this important department. Dr. Bliss, the able and successful surgeon in charge of the Armory Square hospital at Washington, told me that he had made a saving in the purchase of the supplies for his establishment, of from twenty to ninety per cent. on some articles, by the employment of a steward in whose fidelity and skill he had perfect confidence.

But notwithstanding the best intentions on the part of the government, the machinery for the supply of so large an army has become so immense, that many cases of suffering must still arise from unavoidable interruptions to the transmission of its supplies, and from occasional dishonesty or incompetence in those who are charged with their distribution. The great benefit which the Sanitary Commission has rendered to the army by its careful oversight of the hospitals, and by its constant contributions for the comfort of those in want, can only be appreciated by those who have seen its operations. By coming to the aid of the government at times when it is almost impossible to obtain all that is needed by the regular channels, it has performed incalculable service to the country.

Second. The subject of furloughs is one which has been often brought before me from the very frequent and urgent requests made to me for aid in procuring them. Your Excellency will remember that the Secretary of War and General Halleck stated to us in conversation at Washington, that when a very liberal policy in regard to furloughs was first adopted, the abuses were found so great that the present stringent order was issued—an order which if rigidly enforced would prevent any furloughs from being granted. The objections to a too loose and indiscriminate granting of furloughs are obvious. It is undoubtedly true, that, in our best hospitals, the patient is usually more sure of good treatment and proper care, than he would be in his own home. The country needs his services at the first moment of his recovery, and the first duty of a soldier is to his country. He should not be allowed to desert his post even temporarily, except for special reasons, and furloughs should not be allowed for any slight cause.

But, on the other hand, when a wound or a disease is likely to produce permanent disability, unless the patient is removed—when the affection must continue for months, and may as well be treated out of the hospital as in it—and in many other cases not necessary to be specified here, the granting of furloughs becomes a matter of justice as well as of expediency, and it should be the duty of the surgeon in charge to examine his wards periodically for this purpose, and to recommend such as are entitled to furloughs to the proper authorities. Some modification of the present orders are imperatively demanded. But whatever other changes may be called for, it is essential that all merely *formal* obstacles to the obtaining of furloughs should be, as far as possible, avoided. The same is true in regard to discharges for disability. The delays and discouragements which now arise from the mere difficulty of getting the necessary papers through the regular official channels, are among the hardest trials of the patience and patriotism of our soldiers. When the surgeon in charge is satisfied that a furlough or a discharge is proper, it is due to the feelings and the rights of the sick or disabled man that it should be obtained without unnecessary delay.

Third. I have already referred, in a letter, to the inconveniences suffered by some of our men in the hospitals from the want of the proper papers and descriptive lists, to enable them to draw their pay, or to secure their claims against the government. This evil arises probably, in most cases, from the neglect of company officers to furnish the proper papers, and sometimes from the carelessness of the men themselves, in suffering the papers, once made out, to be lost. Several of the men whom I saw at "Camp A," near Frederick, had much anxiety on this account. At the same hospital some members of the 35th Mass. Reg't were suffering from the want of clothing and other articles contained in their knapsacks, which had been left behind in camp, on the march to Antietam, and had not yet been forwarded.

Fourth. In my visits to the hospitals I have had frequent opportunities of conversing with the wounded soldiers of the rebel army, lying side by side with our own men, and receiving the same kind care and attention from our surgeons. I have seen men from almost every southern State. They have almost invariably spoken of the war with regret, and many of them confessed to me that they were never in favor of it, but always opposed it as long as it was safe for them to do so. They have been forced into the rebel army by the conscription or by fear of it, and have no heart in the cause of the confederates.

I cannot conclude this very imperfect report without expressing the feelings of renewed hope and encouragement with which I have returned from the performance of the sad yet grateful duty entrusted to me. On my first visit to the hospitals of wounded men, a few days after the battle of Ball's Bluff, at Poolesville, a year ago, I was profoundly impressed with the fortitude and cheerfulness with which they bore all their trials and sufferings. The same impression has been made upon me by my experience among those wounded at these later battles. Except from those suffering actual and severe bodily pain at the moment, one may pass through these hospitals, filled with men subjected to every kind of cruel mutilation, or attacked by incurable disease, without hearing a groan or a complaint. I believe that as many instances of manly courage and of heroic bravery may be found here, as on the hardest fought battle-fields. The same spirit of patriotism that led these earnest men to devote their lives to their country's service, now inspires them to suffer everything for her cause with patience and resignation. The thought that they have been tried and not found wanting in this great contest, seems to buoy them up with a feeling almost of pride and exultation, as they point to their honorable wounds and talk of the battles in which they have taken part.

We owe a deep debt of gratitude to the brave men who have nobly done their duty in the field, and I feel more than ever how richly they deserve every care and attention we can offer to them,

in the long days and nights of suffering and privation which they are now called upon to endure for our cause.

I am, Sir, with great respect, very truly yours,
Boston, November 1st, 1862. L. B. RUSSELL.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Oct. 27th.—*Diphtheria and Croup in the same Family.*—Dr. MINOT said he was called, on the evening of Oct. 22d, to see a little girl, 4½ years old, who was suffering with dyspnoea, stridulous cough and fever. The tonsils were covered with patches of lymph. A sister of the patient, about 6 years old, had died rather suddenly a fortnight previously, and Dr. M. subsequently learned from Dr. W. E. Townsend, who attended her, that the case was one of well-marked diphtheria, and that there had been no dyspnoea. An infant in the same family, eight months old, also had cough, and a deposit of lymph on the tonsils.

The next day Dr. Jeffries saw the patients in consultation. The oldest was worse in all respects. A strong solution of nitrate of silver was applied to the fauces of both children, alkaline remedies with demulcents given internally, and the room ordered to be kept filled with steam.

The third day, Oct. 24th, all the symptoms in the oldest child were aggravated. The respiration was very labored, the voice whispering, and the lymph had extended farther on the tonsils. It was evident that the child would die in a few hours unless relieved. There was but little lividity of the countenance, and the condition of the patient seemed favorable for the operation of tracheotomy, which Dr. M. did on the spot, with the assistance of Dr. Jeffries. The immediate effect was great relief, and the child was quite comfortable for twenty-four hours. The breathing was easy, the pulse at 120, and the patient took nourishment freely. In twenty-four hours, however, the symptoms gradually returned, and seemed to be dependent on a copious secretion of purulent mucus, which was expelled from the tube with great difficulty, and which required the inner tube to be removed and cleaned very frequently. This increased in abundance and tenacity, and the child died, apparently from exhaustion, on the morning of the 27th, having lived sixty-six hours after the operation. There was no *post-mortem* examination.

In the meantime, the infant steadily improved after the application of the caustic, and in a few days was well. The circumstances of the family were not favorable for carrying out the treatment after the operation, otherwise Dr. M. was strongly inclined to believe that the elder child might have been saved.

Nov. 10th.—*Diseased Lungs of a Python.*—Dr. J. WYMAN exhibited the lungs of a large python (P. Sebe), from Africa, which had recently died in a menagerie. The following morbid appearances were noticed, viz.: several ulcerations about the mouth, forming deep cavi-

ties between the jaws and integuments ; and, in addition, a somewhat extensive disease of the lungs. This last had existed in several stages : 1st, one or more air pouches were filled with a whitish, cheese-like substance, resembling crude tubercles ; this was confined to the free surface ; 2d, this deposit had become softened and readily separated into a granular substance, in which were found epithelium cells, a few shrunken cells containing granules, and amorphous materials. In this stage the walls of the air pouches are destroyed by ulceration, when several of them are converted into a common cavity, leaving the walls of the lung exposed. In the 3d stage, that of cicatrization, the cavity formed by ulceration is contracted, its edges puckered, and drawn more or less towards the centre of it. Of this stage there were numerous instances.

Many parasites were found in the oesophagus, stomach and lungs, the most remarkable of which was a species of *Linguatula* (*L. armillata*). Of this, there were found in the lungs six specimens, all but one females—the largest measuring six inches in length and about one third of an inch in diameter. The oviducts of these females were greatly distended with eggs, and their spermathecae with seminal filaments.

This parasite is generally present in the lungs of the python ; other species of the same genus have been observed in the lungs of the boa, the rattlesnake and other serpents.

Nov. 10th.—*Exostosis from the Scapula of an Ox.*—Dr. JACKSON showed the specimen, which he had received from Dr. Samuel Cabot, Jr. It was from an animal that was slaughtered for the market, and the surrounding parts were perfectly healthy. The tumor was about equal in size to a small hen's egg, and of quite an irregular form, so as to suggest the idea of a branched renal calculus. Having been sawn through, it was seen to consist throughout and quite to the surface of a coarse bony structure ; and the most interesting pathological fact in the case is, that the tumor arises not from the bone itself, but from the broad cartilaginous expansion that arises from it : the bone being continued from the tumor and to some extent quite through this last. In connection with this case, Dr. J. referred to the fact that the costal cartilages, when fractured, will sometimes, if not generally, unite by bone ; there being a specimen of such union in the College Museum.

Nov. 10th.—*Melanosis of the Eyeball.*—Case reported by Dr. BRETHUNE.

J. B., clergyman, was first seen June 25th, 1860. Age, 54. Health good. First attacked in right eye four years ago, with failing sight ; blind in this eye for three years. For one year, occasional pain in and around eye. Present attack, three weeks. On examination, left eye well, except lachrymation and photophobia, when right is affected. Right eye—Iris greenish ; pupil filled with cataracts ; conjunctiva generally injected ; pain severe at night ; cornea punctured and aqueous humor discharged. Ice-water to eye. Morphia at night, p. r. n. Liquid diet.

June 27th.—More comfortable. Operation—cornea re-punctured.

30th.—Relieved till to-day. Cornea again punctured.

July 6th.—Comfortable till to-day. Cornea punctured with a larger opening. The cornea was twice more punctured, but finding the re-

lief, though great, was but temporary (and as uneasy sensations and spectra began to attack the left eye), on the 21st, the lens, with a portion of the vitreous, was extracted through the cornea.

28th.—Comfortable, but feels languid. Eye discharges freely.

Aug. 25th.—Tolerably comfortable. A fungus projects from incision ; removed.

26th.—Comfortable. Meat.

29th.—Sloughy protrusion touched with nitrate of silver.

Sept. 19th.—Much improved. Protrusion gone. Large vessels still seen at the inner and lower part of cornea.

Oct. 2d.—No pain at report. Discharged.

This patient was seen occasionally for one year and a half after, and he remained without pain, with general good health, till last spring, when he began again to have pain, lately very severe, and Nov. 10th, 1862, was re-admitted to the Infirmary. On examination, lids swollen, great chemosis, protruding between lids. Three leeches. Lotion of diluted alcohol, cold. Liquid diet. (Left eye well, except slight photophobia.) The chemosis of conjunctiva was partly removed with forceps and scissors.

18th.—The effects of the late attack have subsided, but it was thought best to remove the globe. On cutting through the ball, it was found filled with melanotic deposit, but the sclerotic, choroid and retina were apparently healthy.

The melanotic growth occupied the situation of the vitreous humor, and filled a large part of the posterior chamber of the eye. Sclerotic healthy, except at one point, where it was beginning to be involved in the disease, but this last did not appear externally. Globe not enlarged.

Nov. 10th.—*Injury to the Oesophagus by Potash.*—Dr. JACKSON showed the specimen, which he had received, with the history of the case, from Dr. George Faulkner, of Jamaica Plain. The patient was a negro, 72 years of age, and by mistake drank a solution of potash which his wife had prepared for washing. He at once took a large quantity of sweet oil, and had very little trouble at the time, though he continued to feel the effects of the caustic. Four months afterwards he entered the hospital for a few weeks, where he reported that he had had dysphagia from the first, and had lived mainly on a liquid farinaceous diet; probangs were used, and there was reported a stricture five and a half inches from the incisor teeth. He subsequently improved in flesh and spirits; but the probang was used until some weeks before death, when he said that he could swallow well enough without it. He died, nine months from the time of the accident, and from a general decline rather than from starvation.

The effects of the caustic are seen to commence about six and a half inches from the lower extremity of the oesophagus, and to extend downwards about three inches. The inner surface is quite rough; and to the extent of half an inch or more above the lower margin, which is very defined, the muscular coat is destroyed, which last is nowhere the case higher up. Superiorly there are no defined limits between the injured and the sound parts. The passage does not seem contracted, but the diseased tissues are not distensible, as they are above and below; thickness very little if at all increased, and where the muscular coat is destroyed the tissues are thin and lax. Above

the diseased part the oesophagus is smaller than it is below; but neither is at all remarkable.

Nov. 10th.—*Extensive Disease of the Aortal Valves.*—Dr. JACKSON showed the specimen, which he had received, with the history of the case, from Dr. G. L. Collins, of Providence, R. I. The patient was a machinist, 49 years of age, and had been engaged in active business, which he gave up about twelve years ago on account of his health. Twenty-three years ago he had a severe attack of acute rheumatism, which continued through the winter, and seven years ago he had a similar attack which lasted nearly as long. About four years ago he was taken suddenly, in the street, with faintness or dizziness, and a loss of consciousness for a short time; and he had subsequently seven or eight similar attacks. On the 14th of August he went to Saratoga; and oedema having first appeared the previous week, it increased so that, after two weeks absence, it was with difficulty that he could get home. He died on the 8th of September; having been unable to sleep in the horizontal position for the last five or six weeks.

Dr. C., who was called upon to make a *post-mortem* examination, never saw the patient but once during life, and that was in February last; but the symptoms and physical signs then indicated very clearly the condition of the heart. There was great oedema of the cellular tissue, with about a quart of serum in each pleural cavity, though but little in the pericardial or peritoneal. All the organs were sufficiently healthy, excepting the heart, of which the surface showed traces of former inflammation. The parietes upon the right side were thin, but those of the left much thickened. The valves upon the right side were nearly healthy; the mitral being somewhat involved in the disease, though able to perform its functions pretty well. The aortal valves, which were shown to the Society, consisted of a thick, rough, ossific or cretaceous mass, and the passage for the blood was a narrow, unyielding, semilunar chink.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 4, 1862.

DR. JARVIS's letter to the Surgeon-General, which we publish this week, will be found full of practical suggestions of the first importance to the sanitary condition of our camps, and evinces the wisdom of Surgeon Dale both in discerning the necessity of the visitation and in the selection of Dr. Jarvis for the service. It will be seen that much remains to be done towards the entire healthfulness of our barracks; and the sound suggestions contained in the report, based as they are upon the most careful investigations, will, we are quite sure, not be disregarded.

It is encouraging, in view of the shortcomings hitherto noticeable in some of our medical officers, and naturally owing, in most instances, to inexperience, to find evidences of a decided improvement in this department. Dr. Jarvis states, in another communication, that the surgeons whom he has found this year in the camps manifest a far, very far higher idea of their responsibility for the troops than those found last

year. "They feel much more anxious to know how to keep the camp in good order. They watch the barracks, kitchens, privies, &c., more. They want books to teach them how to transform the citizen into the soldier without impairing health or efficiency. I find," Dr. J. goes on to say, "the surgeons much more frequently present in the camp this year than last. Last year, of 31 whom I should have met at my several visits, I found only 8. This year they were generally present. Last year, they rarely spoke of camp police; this year, this seems to be their principal subject of conversation and burden of anxiety." This cannot be charged, as Dr. J. properly suggests, to the change of men, but rather to a progress in the knowledge of the laws of hygiene. Our Surgeon-General has done wisely in eliciting the facts and hints contained in the report of Dr. Jarvis, and a prompt compliance on the part of our medical authorities will at once place our troops under more healthful influences than they have hitherto enjoyed.

Surgeon-General Date.

DORCHESTER, MASS., Oct. 31, 1862.

DEAR SIR.—Since I received your note authorizing me to do so, I have visited the camps, as I had done, since their first formation in Massachusetts.

I have lately carefully examined those at Worcester, Groton, Boxford and Readville; and in accordance with the permission granted in your note, beg leave to make the following suggestions.

Besides the many insanitary conditions and influences inseparably connected with military life, there are some, that may be modified or even removed, to which I wish to call your attention.

In all the barracks at Cambridge, Readville, Worcester and Groton, the ventilation is very imperfect, but may be easily improved. Considering that in a few of these the men have but 205, but in most only 190 cubic feet of air (less than one third of the British regulation, 600, and less than two fifths the French allowance), it is important that means of renewing this air should be liberally provided.

All of these buildings have ridge ventilators opening on either slope of the roof. Most have two, a few have three of these, varying from two to three feet in length, and with outlets varying from five to eight inches in width. Generally they were of the narrower dimensions, and all insufficient to give the sleepers the quantity of fresh air needed for their health.

The French rule is, that if a man has 600 cubic feet of space in his sleeping-room, and commences his night with so much fresh air, this should be renewed twice an hour; that is, we should give a sleeper, so situated, 1200 cubic feet of fresh air every hour. The British rule is a little elastic, and allows 900 to 1200 feet an hour.

According to these rules, the barracks, with 100 lodgers, should have 90,000 to 120,000 feet of air pass out, and as much come in, every hour. These ventilators give from 4 to 5 feet of area of outlet; most have the smaller space, 4 feet. In order to carry off all the air needed for the 100 soldiers, there must, then, be a current of 4.5 to 5.7 miles an hour.

We must remember that here we have, in a still day or night, nothing but the specific levity of the air, warmed and expanded by the men's bodies, to produce any current upward, and the air that is pressed in to supply the place of that which goes out. But in a

windy day, we have this additional force to press the air in, and force the warmer air out.

The difference of temperature amounting to 20° expands the air 1.25, or 4 per cent.; and a difference of 14° expands 2.5 per cent. In several British experiments, it was found that an average difference of 14° produced an upward current of 3.7 miles an hour, with the aid of a shaft.

In these barracks there is no shaft; consequently, the upward current, at the same temperature, would be less, perhaps much less, even 50 per cent. less, than in the British barracks.

In order, then, to meet the wants of the men, it will be necessary to increase the area of these ventilators.

I would therefore recommend, that these ridge ventilators be made like those proposed in the report of the Barrack Commission, to extend the whole length, or nearly the whole length, of the roof, and, moreover, that they have narrower outlets. Thus they will diffuse the fresh air more equally over the whole interior space.

Besides this, in order to prevent the chilling effect of very high winds, the ventilators should be supplied with valves, which would be easily regulated by cords, and make very little additional cost.

In this connection, it would be a valuable means of testing the power of the specific levity of air, in both tent and barrack, if thermometers could be put in the hands of the surgeons, to be put, at the same time, in and outside of the barracks and tents, and watched by the guard or officer having direction of the guards, to see the difference of temperature at different hours of occupancy; say at 12, 4, and just before the men rise.

This would show you and the government the difference of temperature created by the exhalation of animal heat, the degree of the expansion of air, and the force of the pressure outward, and probable rate of the outward current, from this specific levity.

This could be done with very little cost. One thermometer for the outside, and one for barracks and for each class of tents, would be sufficient, and the labor would be very readily done by the officer of the guard, under the superintendence of the surgeon. It could be done at two or more camps successively, with the same instruments. But it should be done in all the barracks and tents that have, in the same cubic space, different numbers of men, so that you may know the effect of the different ratios of persons or animal matter to the amount of enclosed air to be warmed.

This would show how far the depressing and vitiating effects of the confinement of men in 105 feet of air for each, as at Fort Warren; in 25 feet, as at Long Island and West Roxbury; in 28, 48, 58 and 62 in different tents at Worcester; in 42, 58 and 62 at Readville; and in 190 to 205 feet, as in the barracks, can be obviated by the natural means, and how much more needs to be done to sustain the men in full strength and in the best working order.

I would recommend that the barracks at Readville, lately occupied by the 44th regiment, be lime-washed before being again occupied.

The easternmost company of Col. Burrill's (42d) regiment is encamped on a place within a few feet of a pool of water, and within a few inches of the same level. The soil is porous, and must be penetrated and kept constantly wet with this water, and send its emanations

tions into these rows of tents. This is one fact. Another and co-existent fact is, that there is more sickness in this than in any other company in the regiment.

Lest, then, this co-existence of facts may be cause and consequence, I would advise that this company be removed to some other part of the field.

At Groton, I found all the barracks banked up with earth, about ten to fifteen inches above the bottom of the sills.

I also saw a trap-door in the floor, and the waste, dirt and perhaps offal of the barracks in the space below. I saw one man lift a board and throw a piece of apple or other matter into the hole.

The privy, though perfectly pure, inasmuch as it is over the moving current of the river, is yet very uncomfortable, and even unsafe; certainly very bad for one suffering either from constipation or from colic, or the faintness of diarrhoea.

I saw the men examining the shoes just given out by the quartermaster, and some found the pegs projecting through the inner soles, which they were endeavoring to cut out with a knife.

In view of these conditions, although transcending my authority, which is to suggest to *you*, I did suggest to the Post Surgeon, Dr. Marolestes, to put a pole to rest upon at the privy, and also another to prevent the sitters from falling, in case the seat should break, as one did at another camp, and let whoever should be there into the river, as four men at the other place fell into the trench. As this accident has happened twice within my knowledge, and possibly more, it is better that all the privies be made more secure, and be also defended by the back as well as by the resting pole.

I also suggested to the Post Surgeon that he open the embankment at least to the extent of four feet on each side of the barracks, to let the air circulate through; but to defend these apertures with boards, to be used when the weather should be very cold, or the wind high.

I suggested, that he caused to be removed all the dirt, papers, offal, &c., that had been swept or thrown under the floors, and then to have the trap doors and loose boards nailed down.

Lastly, I suggested that, if he had a carpenter and means, and could obtain the consent of the proper authorities, he should extend the ventilators the whole length of the barracks, with narrower and valved apertures.

I would suggest to you, that, inasmuch as some of the shoes have uncut pegs, and more of them may have, and inasmuch as these cannot be worn without serious detriment to the facility of movement of the soldier, and there is a further danger of inflammation of the feet and at least partial suspension of efficiency, you cause a shoemaker's rasp to be put in the hands of each quartermaster, and that he find some shoemaker, in each regiment or company, to cut off the pegs and smooth the inner surface of such shoes as may need them.

There are other suggestions that I would like, and will take another opportunity to make to you, when I shall have examined the other camps at Wenham, Lakeville, and in the Western part of the State.

On looking over this, I find I have used the words *recommend* and *advise*, which exceeds the authority given me in your note, whereby I was only empowered to *suggest*. I pray you to pardon the error of language, and consider the words thus misused to mean only sug-

gestions. These I make officially; yet personally I would earnestly both recommend and advise the improvements and alterations herein before described to be made.

I have the honor to be, Surgeon-General,

Very respectfully yours, EDWARD JARVIS.

Let me, in addition, ask your attention to the great and uncomfortable slope of the bunks in the Groton barracks. In these the men must be less refreshed, and therefore less fitted for service, than if they slept on a level.

E. JARVIS.

WANT OF ASSISTANT SURGEONS IN THE ARMY.—We are informed that there is great need at present of good medical men for the position of assistant surgeons in the volunteer service, and are requested to call upon the profession through the State to urge competent medical men to present themselves for examination. The Board will meet next Friday, and every Friday through the month, for examination of candidates. Candidates must present evidence that they are regular graduates, of good moral character and strictly temperate habits.

THE following reply to our correspondent of last week will, we doubt not, be entirely satisfactory to him, as it certainly is to us.

MR. EDITOR.—I see that some of your correspondents are exercised about the name "Crysimum," one of the alleged ingredients in a nostrum by which Napoleon fancied he was cured of hoarseness. The name is doubtless a misprint for *Erysimum*, a weed of the mustard family, which I fear will not prevent future generals from getting hoarse in the exercise of their professional function.

Yours, &c.

B.

OUR attention has been called to the following circular, issued by the Sanitary Commission:—

DIRECTORY OF THE HOSPITALS.—The Sanitary Commission have established an office of information in regard to patients in the hospitals of the District of Columbia and of Frederick City, Maryland. By a reference to books, which are corrected daily, an answer can, under ordinary circumstances, be given by return mail to the following questions:

- 1st. Is —— [giving name and regiment] at present in the hospitals of the District or of Frederick City?
- 2d. If so, what is his proper address?
- 3d. What is the name of the Surgeon or Chaplain of the hospital?
- 4th. If not in hospital at present, has he recently been in hospital?
- 5th. If so, did he die in hospital, and at what date?
- 6th. If recently discharged from hospital, was he discharged from service?

7th. If not, what were his orders on leaving?

The Commission is prepared also to furnish more specific information as to the condition of any patient in the District hospitals, within twenty-four hours after a request to do so, from an officer of any of its corresponding societies.

The office of the Directory will be open daily from 8 o'clock, A.M. to 8 o'clock, P.M., and accessible in urgent cases at any hour of the night.

The number of patients in these hospitals is about 25,000. If found to be practicable, the duty here undertaken locally by the Commission will be extended to include all the general hospitals in the country.

Washington, D. C., Nov. 19, 1862.

FRED. LAW OLTMSTED,
General Secretary.

DRS. ABBOT and MINOT, MORLAND and AYER left Boston for their various places of destination, as hospital inspectors, a few days since. Drs. Abbot and Minot are in the vicinity of Fortress Monroe. Dr. Morland is in Washington. Drs. Coale, Buckingham and Gay leave this week to visit the hospitals in the West.

At a late meeting of the Academy of Medicine, M. Bouvier read a paper upon various forms of canula and dilators which from time to time have been submitted for approbation by the Paris surgical instrument makers. M. Gosselin took the opportunity of calling the attention of his fellow academicians to the fact that the prolonged sojourn of these instruments within the tracheal tube is apt to occasion ulceration of its walls and tedious necrosis of the cartilaginous rings, and perhaps, also, in cases of croup, extension of the inflammatory action, assuming the diphtheritic form, towards the bronchi, terminating in asphyxia. M. Gosselin, therefore, maintains that the greatest amelioration possible in the operation of tracheotomy would be the suppression of the canula, and the substitution of a dilator which should not penetrate within the tracheal canal.—*Paris Corresp. of Lon. Lancet.*

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, NOVEMBER 29th, 1862.
DEATHS.

					Males.	Females.	Total.
Deaths during the week,					30	31	61
Average Mortality of the corresponding weeks of the ten years, 1851-1861,					36.3	34.9	71.2
Average corrected to increased population,	76.97
Deaths of persons above 90,					1	0	1

Mortality from Prevailing Diseases.								
Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria
13	0	4	7	4	0	0	1	1

COMMUNICATIONS RECEIVED.—Case of Wound of the Femoral Artery.—Diary of a Brigade Surgeon attached to the Burnside Expedition.—A report of yellow fever cases at Port Royal, S. C., including the case of the lamented General Mitchell, is promised for the Journal, and will probably appear in the course of a few weeks.

MARRIED.—At Lexington, Nov. 27th, Dr. W. S. Miller, of Boston, to Carrie M., daughter of Joseph F. Simonds, Esq., of L.—At Montpelier, Vt., Nov. 25th, Charles H. Tenney, M.D., of South Hardwick, to Fannie W., daughter of Henry Nutt, Esq., of Montpelier.

DEP.—At Quincy, 23d ult., Dr. George L. Smalley, formerly Assistant Surgeon 4th B. I. Battery.—At Marblehead, Nov. 23d, Dr. Clark Blaisdell, aged 53 years 10 months 14 days.—On Friday, Nov. 14th, in discharge of his duties at Harwood Hospital, Washington, D. C., Dr. Francis R. Lyman, Acting Assistant Surgeon U. S. A., late of Sherburn, Chenango Co., N. Y., in the 25th year of his age. Dr. Lyman was a young man of much promise in his profession. He was a diligent student, a conscientious physician, and a steadfast friend.

DEATHS IN BOSTON for the week ending Saturday noon, November 29th, 61. Males, 30—Females, 31. Apoplexy, 1—consumption, 13—convulsions, 3—croup, 4—diarrhoea, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—drowned, 1—erysipelas, 1—scarlet fever, 7—typhoid fever, 1—disease of the heart, 1—homicide, 1—infantile disease, 1—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 1—haemorrhage of the lungs, 1—inflammation of the lungs, 4—marasmus, 2—old age, 1—paralysis, 2—puerperal convulsions, 1—rheumatism, 1—sore throat, 1—suffocation, 1—unknown, 1.

Under 5 years of age, 21—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 7. Born in the United States, 35—Ireland, 22—other places, 4.